

**Applicants should file four paper copies of each form  
with supporting documentation and one unofficial electronic  
copy (Word Document, PDF File or Text Document) on disk.**

**VERIFIED NOTICE OF CHANGE IN A CERTIFICATE OF TERRITORIAL  
AUTHORITY TO RESELL BUNDLED LOCAL EXCHANGE SERVICES WITHIN THE  
STATE OF INDIANA**

(As addressed in Cause No. 39983 issued December 19, 2001)

**Tracking No.** \_\_\_\_\_  
(Internal use only)

Relevant statutes and rules: Indiana Code § 8-1-2-88; 8-1-2.6, *et seq.*; 170 IAC 7-1, *et seq.*

*To the Telecommunications Division of the Indiana Utility Regulatory Commission (IURC):*

\_\_\_\_\_ *hereby*  
(Company Name)  
*notifies the IURC of a change in the Certificate of Territorial Authority (CTA) to resell  
bundled local exchange telecommunications services in the State of Indiana issued to*

\_\_\_\_\_ *in Cause No.* \_\_\_\_\_  
(Company Name)  
*dated* \_\_\_\_\_.

*The change being noticed herein by Applicant relates to:*  
(Please check all boxes and complete all blanks that apply, and attach any supporting documents.)

? *Mergers, acquisitions, transfers of assets, and the issuance of stock, the issuance of debt,  
entering into a credit facility and/or other evidence of indebtedness.*

*Describe the transaction and, where applicable, identify the anticipated principal amount and  
whether the transaction is a refinancing:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Effective Date:* \_\_\_\_\_

? *Name change, adoption of an assumed business name, etc.*

a) *Existing name:* \_\_\_\_\_

b) New name: \_\_\_\_\_

c) d/b/a: \_\_\_\_\_

*For name change, please provide the following:*

1. *The reason for the name change or d/b/a and the effect on the operations and/or the utility's customers.*
2. *A certified copy of the amended certificate of authority or certificate of assumed business name issued by the Secretary of State of the State of Indiana.*
3. *If applicable, submit two copies of new tariffs with each page changed to reflect the new name. (not necessary for a d/b/a)*
4. *Method by which the company's customers were or will be notified of the proposed name change or assumed name to alleviate customer confusion and prevent baseless slamming complaints (attach copy of bill insert, notice, etc.)*

? Change in status existing CTA for: \_\_\_\_\_  
(Name of Company)

Granted in Cause No: \_\_\_\_\_ Date: \_\_\_\_\_

**Mark one:**

? Sale, Lease or Transfer to \_\_\_\_\_  
(Name and address of Company)

\_\_\_\_\_  
\_\_\_\_\_

? Relinquish.

Reason for change in CTA status: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*For CTA relinquishment:*

1. *Please identify any other CTA currently held by Applicant -- by Cause No., type and date issued — that will be retained.*

2. Please provide the number of customers that Applicant currently serves in Indiana.
3. Please provide the method by which Applicant's customers were notified that Applicant is relinquishing its CTA.
4. How much time will Indiana customers have to find a new service after receipt of notice before Applicant's operations cease?

**Designated Regulatory Contact Information**

Include company name, contact person, phone & fax numbers, and e-mail address for each Applicant:

**Verification**

*I affirm under penalties of perjury that the foregoing representations are true.*

Officer's Name & Title \_\_\_\_\_  
(Printed)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_

Acknowledged by the IURC: CTA No.: \_\_\_\_\_ Date: \_\_\_\_\_

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